

impact of this on the treatment of asthma. **METHODS:** Our submission to NICE reviewing the relative value of alternative products, utilised a cost-minimisation approach, recognising that there was little evidence of clinical differentiation between the ICS. **RESULTS:** It was estimated that a total switch to QVAR upon withdrawal of CFC based BDP, would result in only a modest 6% increase in costs to the NHS, but could result in overall cost savings if it were substituted for more costly ICS alternatives, such as fluticasone propionate or budesonide. **CONCLUSION:** There remain concerns that NICE may overlook the current political and socioeconomic imperatives and provide Guidance that does not consider appropriate BDP dosing or recognise that the environment will change over its period of jurisdiction.

PAA14

PHYSICIANS EDUCATIONAL EFFORTS: A TOOL FOR IMPROVING MANAGEMENT OF ASTHMA IN THE COMMUNITY

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OBJECTIVES: Frequent use of short-acting beta agonists (SABA) inhalers, along with insufficient use of concurrent steroid inhalers, is often the cause of suboptimal management of the disease. The aim of the study is to identify the heavy purchasers of SABA and improve the management of there disease. **METHODS:** All Maccabi Healthcare Services (MHS) patients in two areas in the Shfela district who consumed at least 4 SABA inhalers during 2005 were identified using MHS's computerized database. The patients' primary care physicians (PCP) were briefed with the findings and where presented the current evidence based medicine (EBM) clinical guidelines for proper asthma treatment in a group meetings with pulmonologist. Later the PCP attend to two days workshop dealing with appropriate asthma treatment, patient's adherence and practicing clinical scenarios with professional actors. A 3rd meeting included case presentations and further discussions with a pulmonologist. A control group consisted of patients of PCPs in other areas in the Shfela district which didn't participate in the study. **RESULTS:** One hundred six patients were in the intervention group. 85 required more than 2 SABA inhalers in the first 6 month after intervention (decrease of 20%). In the control group there was a 4% increase in patients using more than 2 SABA inhalers during the same period (185 to 193). **CONCLUSION:** We have observed a significant improvement in SABA consumption. This improvement applies that educational efforts on applying EBM clinical guidelines for proper asthma treatment and providing simple tools for dealing with patients' adherence, can improve management and control of asthma and can lower asthma's treatment expenses. We suggest similar interventions on other chronic diseases.

PAA15

EFFECT OF IMMUNOTHERAPY ON DRUG USE AND COST IN RAGWEED POLLEN ALLERGIC DISEASE IN LOMBARDIA

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OBJECTIVES: Clinical efficacy and cost-effectiveness of immunotherapy in allergic disease caused by various allergens is demonstrated by several published studies, but economic value is still far from being appreciated by local decision makers. Scope of

this work was to provide the Regional decision makers with real world information on the use and impact of immunotherapy in terms of efficacy on symptoms, use and cost of drugs in patients affected by rhinoconjunctivitis (RC) with or without asthma (A), caused by ragweed seasonal allergy. **METHODS:** Observational study, of pre-seasonal sublingual (SLIT) or pre-seasonal subcutaneous immunotherapy (SCIT) versus non-immunotherapy (NSIT). Patients enrolled by a network of specialist centres from Lombardia, were randomly assigned to one of the study groups and were allowed to take any additional medication needed to control RC and A symptoms; effectiveness was measured as global symptom score rated by the patient on a VAS at last visit; drug consumption was measured as days of medication recorded by the patient on a weekly diary card during the peak season; drug cost was calculated by applying Italian NHS prices. **RESULTS:** For the first year of immunotherapy, 163 adults were analyzed (SLIT N = 67 M = 48%, age 39+/-9.1; SLIT N = 34 M = 62%, age 41+/-8.1; NSIT N = 62 M = 53%, age 36+/-9.2); 25% of SLIT patients were affected by A as compared to 47% of SCIT and 37% of NSIT patients; 55% of SLIT patients were treated with high dose SLIT. The mean number of drug treatment days/patient was lower for SLIT patients 26.15+/-30.1 vs. NSIT 58.7+/-43.4 (p < 0.0001) and for SCIT patients 33.0+/-45.7 vs NSIT 58.7+/-43.4 (p < 0.05); similarly the mean total cost/patient of drug treatment was lower with SLIT €28.19 vs SCIT €33.9 and NSIT €59.2. **CONCLUSION:** SLIT and SCIT can effectively reduce use and cost of drug treatment in adults affected by rhinoconjunctivitis with/without asthma caused by ragweed in Lombardia.

PAA16

A RETROSPECTIVE STUDY COMPARING TREATMENT PATTERNS, OUTCOMES, AND RESOURCE USE BETWEEN TWO FIXED COMBINATIONS OF INHALED CORTICOSTEROIDS AND LONG-ACTING B₂-AGONIST (ICS/LABA) IN ASTHMATIC PATIENTS IN GERMANY

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OBJECTIVES: Formoterol/budesonide (BUD/FORM) and salmeterol/fluticasone propionate (SAL/FLU) have been shown to be effective in the treatment of asthma. This retrospective, observational study compared characteristics of patients initiating treatment with BUD/FORM or SAL/FLU in routine clinical practice, subsequent treatment outcomes and resource utilisation. **METHODS:** A cohort of German patients diagnosed with asthma, followed from 12 months before to 12 months after treatment initiation with BUD/FORM or SAL/FLU, was extracted from a longitudinal, primary care database of records collected from June 2000 to June 2006. The primary outcome was the proportion of successfully treated patients defined according to utilisation of short-acting beta-agonists (SABA) and switches or addition of controller medications during the post-index year. Secondary outcomes included resource utilisation and acute exacerbations, defined as at least one oral corticosteroid (OCS) prescription and/or hospitalisation related to asthma. Regression models were used to adjust for patient characteristics, including treatment history. **RESULTS:** The BUD/FORM and SAL/FLU groups included 1,456 and 982 patients, respectively. Prior to treatment initiation, patients in the BUD/FORM group received less asthma-related OCS prescriptions (mean difference: -0.049, p = 0.0328) but utilisation of SABA, ICS and LABA was similar. In the year following treatment initiation, patients initiating on BUD/FORM had a greater probability of treatment success (OR = 1.54, p = 0.0001), fewer acute exacerbations